

Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Regeneration and Planning London Borough of Camden Judd Street London WC1H 8ND

Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990.
Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

1. Applicant N	ame, Address and Contact Details				
Title:	First name:	Surname:			
Company name	84 Hatton Garden Limited				
Street address:	c/o agent]	Country Code	National Number	Extension Number
	-	Telephone number:			
		Mobile number:			
Town/City					
County:		Fax number:			
Country:	United Kingdom	Email address:			
Postcode:					
Are you an agent a	acting on behalf of the applicant? Yes	○ No			
2. Agent Nam	e, Address and Contact Details				
Title: Mr	First Name: Kieron	Surname: Ho	dgson		
Company name:	Iceni Projects Limited	7			
Street address:	Flitcroft House]	Country Code	National Number	Extension Number
	114-116 Charing Cross Road	Telephone number:		020 3640 8508	
		Mobile number:			
Town/City	London	Fax number:			
County:	London	= raxtiumber.			
Country:		Email address:			
Postcode:	WC2H 0JR	econwell@iceniproject	s.com		

3. Site Address	Details						
Full postal address of	of the site (incl	luding full postcode wh	ere available	e) 	Description:		
House:	84	Suffix:					
House name:							
Street address:	Hatton Garde	n					
Town/City:	London						
County:	Camden						
Postcode:	EC1N 8JR						
Description of location (must be completed	ion or a grid re I if postcode is	eference s not known):					
Easting:	5313	22					
Northing:	1817	95					
4. Pre-applicati	on Advice						
Has assistance or pr	ior advice bee	n sought from the local	authority ab	oout this applicatio	n?	Yes	No
If Yes, please comple	ete the follow	ing information about t	he advice yo	u were given (this	will help the autho	rity to deal with this ap	oplication more efficiently):
Officer name:							
Title: Mr	First nan	ne: Rob			Surname:	Tulloch	
Reference:							
Date (DD/MM/YYYY)):	(Must	be pre-appli	ication submission)		
Details of the pre-ap	plication advi	ce received:					
5. Description o	f Proposal						
-	-						
		e approved developme					
		ment building comprisi ove, following demolition				llery workshop (Class B	31c) at lower ground floor level, and
Application reference	e number:	2015/1925/P					Date of decision: 03/12/2015
Please state the con	dition numbe	r(s) to which this applic	ation relates:	:			,
Condition number(s	s):						
2							
Has the developme	nt already star	ted? Yes	o No				
6. Condition(s)	- Removal						
Please state why you Please see cover lett		ndition(s) to be removed	or changed	:			
		to be changed, please s	tate how you	u wish the condition	n to be varied:		
7. Site Visit							
Can the site he seen	from a public	croad, public footpath,	hridleway or	other public land?		Yes No	
	·	make an appointment	-	·			
The agent	-		er person	a site visit, willoili s	riodia tricy contact	: (Ficase select offly of	
The agent	U IIIe	пррисант От					
8. Certificates (Certificate	B)					
application, was the	nt certifies that owner <i>(owner</i>		velopment I has given the old interest or	Management Pro requisite notice to leasehold interest to	everyone else (as l with at least 7 years	listed below) who, on t left to run) and/or agric	the day 21 days before the date of this cultural tenant "has the

Ref: 25: 6099 Planning Portal Reference:

3. Certific	ates (Certificate	B - continued)								
Owner/Agric	vner/Agricultural Tenant						Date notice served			
Name	Mr Mark Ballard									
Number:	84	Suffix:		House name:						
Street:	Hatton Garden								(0.0 (0.0)	
Locality:	24/03/2016									/03/2016
Town:	London									
Postcode:	EC1N 8JR									
Title: Mr	First nam	ne: Kieron			Surname:	Hodgson				
Person role:	Agent	Declarati	on date:	24/03/2016				Declaratio	n made	
9. Declara	ation									
additional in	formation. I/we confir		my/our kno	this form and the accomp wledge, any facts stated a m.				\boxtimes	Date	24/03/2016